



CONNECTING AND TRANSFORMING CALIFORNIA

Business Advisory Council

June 21, 2017

Sacramento, CA



HIGH-SPEED RAIL: Program Updates

- **Executive Leadership Transition**
- **Funding Plans**
 - » Central Valley Segment
 - » San Francisco to San Jose Peninsula Corridor
 - » Rosecrans/Marquardt Grade Separation Project

EARLY TRAIN OPERATOR PROCUREMENT: Phase 1

- **Assist Authority With Shaping Future Procurements and Provides Guidance**
- **2016 Business Plan called for Early Engagement of ETO**
- **Advise Authority on Design, Development and Procurement of**
 - » Rolling Stock
 - » Track and Systems
 - » Station
- **5 World Class Teams Invited to Bid**
 - » China HSR ETO Consortium
 - » DB International US
 - » FS First Rail Group
 - » Renfe
 - » Stagecoach Group Plc

EARLY TRAIN OPERATOR SERVICES

- **RFP Details**

- » Up to 6 Years Duration
- » Estimated Costs not to Exceed \$30 Million

- **Pre-Bid Conference**

- » Wednesday, July 12, DGS Auditorium
- » 1:30-3:30 p.m.
 - 1:30 p.m. – 2:00 p.m. Sign-In & Networking.
 - 2:00 p.m. – 3:00 p.m. Formal Presentation
 - » Lisa Marie Alley, Chief of Communications
 - » Paul Neal, Commercial Director
 - » Alice Rodriguez, Small Business Advocate Networking

HIGH-SPEED RAIL: It's Happening!

- Approximately 119 Miles
- Madera to North of Bakersfield
- Approximately \$3 Billion Investment



#Iwillride

WHAT IS #IWILLRIDE?

- Student-run groups in California colleges and universities
- Support mass transit and 21st Century transportation
- Promote benefits of high-speed rail



WHERE IS #IWILLRIDE?

- Existing chapters on five campuses
- Three more chapters pending



Berkeley
UNIVERSITY OF CALIFORNIA

SMALL BUSINESS PROGRAM

SMALL BUSINESS PARTICIPATION

OF JANUARY 31, 2017

373

Certified Small Businesses
working on the high-speed
rail program statewide

110

Certified Disadvantaged Business Enterprises

45

Certified Disabled Veteran Business Enterprises

NORTHERN CALIFORNIA:

146

Certified
Small
Businesses

CENTRAL VALLEY:

92

Certified
Small
Businesses

SOUTHERN CALIFORNIA:

122

Certified
Small
Businesses

OUTSIDE OF CALIFORNIA:

13

Certified
Small
Businesses

- **30% Goal for Small Business Participation**
 - » 10% Disadvantaged Business Enterprises (DBE)
 - » 3% Disabled Veteran Business Enterprises (DVBE)

SMALL BUSINESS PROGRAM

Investing in California Small Businesses



SMALL BUSINESS NEWSLETTER • VOLUME 5: ISSUE 2

MAY 2017



Work crews cover conduits for fiber optics and wiring. When their job is done, there will be miles of AT&T wiring and fiber optics safely tucked underground.

Contents

- 4 ERTEC Works to Support Habitat-Mitigation Efforts
- 6 Using Visual Simulation to Support the Environmental Process
- 7 Keeping Our Environment on Track
- 8 Tenacity Pays off for TEC Management Consultants
- 10 Detective Work Opens Pathway for High-Speed Rail
- 11 Discovering the Past Beneath the Rails
- 12 Stockton Company Carries Heavy Load for High-Speed Rail Bridges
- 13 Gigantic Girders Made in California
- 14 Hard Work Pays Off for Tanya Little
- 15 ACEC California – Engineering a Better California
- 16 Joining Partners to Boost California Small Business Participation
- 18 State Honors High-Speed Rail for Small Business Outreach
- 19 Small Businesses Get Boost from High-Speed Rail Support Group
- 20 In the Know with High-Speed Rail
- 22 Training Leads to Better Life, Better Pay
- 24 Construction Update
- 26 Calendar of Upcoming Events

Electrifying Work Underground Prepares Path for High-Speed Rail

By Karen Massie

"I love my job!" Virginia Villa declared. The joy in her voice was obvious when she talked about her company, West Pacific Electric Company (WPEC), and what it's doing for the high-speed rail program. The woman-owned small business, based in Lemoore, is relocating utilities which must be moved to make way for high-speed rail.

WPEC is working on underground AT&T duct banks, conduits (pipes) packed with wires or fibers, which are enclosed in concrete or metal cases to protect them from water damage and physical stress. "Before we install the pipe we have to do the trenching and excavation," Villa explained. "It's a lot of work but it's a good project."

West Pacific Electric has a contract with design-builder Dragados|Flatiron to work

"We've gotten great reviews and AT&T asked us to become one of their official vendors. It's the result of working on high-speed rail – one million percent. They saw that we met and exceeded their criteria."

Virginia Villa
Owner
West Pacific Electric Company

 **ConnectHSR**
High-Speed Rail Vendor Registry



Business Advisory Council Travel Reimbursement Policy

Alice Rodriguez, Small Business Advocate

BAC TRAVEL POLICY RESOLUTION

- Effective for FY 2017-18 the BAC Travel Policy will be subject to the Authority's annual budget review and approval for future years.
- Travel reimbursement is only for affirmed Primary representatives, or the Association's affirmed Alternate *if* the Primary is unable to attend a meeting
- Travel reimbursement is based solely on per diem rates as outlined in the State Administrative Manual.
- With the approval and advancement of the BAC Travel Policy, the BAC will transition to four BAC meetings per year (Schedule to be determined by BAC vote).
- The BAC will extend Full Council Meeting from two hours to three hours in length

BAC TRAVEL POLICY: Reimbursement Requirements

- Authority must have on file a current Affirmation Letter identifying affirmed Primary and Alternate representatives
- Member must sign and return the Authority's BAC Travel Policy Acknowledgement Form
- Member must sign and return the Payee Data Record (STD 204) prior to authorized travel
- Member must sign and return the Privately Owned Vehicle Form (STD 261)

REQUIRED FORM: Payee Data Record

<div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin: 0 5px;">Print</div> <div style="display: inline-block; border: 1px solid black; padding: 2px 5px; margin: 0 5px;">Clear</div>	
<small>STATE OF CALIFORNIA-DEPARTMENT OF FINANCE</small> PAYEE DATA RECORD <small>(Required when receiving payment from the State of California in lieu of IRS W-9)</small> <small>STD. 204 (Rev. 6-2003)</small>	
1	INSTRUCTIONS: Complete all information on this form. Sign, date, and return to the State agency (department/office) address shown at the bottom of this page. Prompt return of this fully completed form will prevent delays when processing payments. Information provided in this form will be used by State agencies to prepare Information Returns (1099). See reverse side for more information and Privacy Statement. NOTE: Governmental entities, federal, State, and local (including school districts), are not required to submit this form.
2	PAYEE'S LEGAL BUSINESS NAME (Type or Print) _____ <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SOLE PROPRIETOR – ENTER NAME AS SHOWN ON SSN (Last, First, M.I.) _____ </div> <div style="width: 35%;"> E-MAIL ADDRESS _____ </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MAILING ADDRESS _____ _____ CITY, STATE, ZIP CODE _____ </div> <div style="width: 45%;"> BUSINESS ADDRESS _____ _____ CITY, STATE, ZIP CODE _____ </div> </div>
3	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> PAYEE ENTITY TYPE <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR </div> <div style="width: 45%;"> ENTER FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN): _____ <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> CORPORATION: <input type="checkbox"/> MEDICAL (e.g., dentistry, psychotherapy, chiropractic, etc.) <input type="checkbox"/> LEGAL (e.g., attorney services) <input type="checkbox"/> EXEMPT (nonprofit) <input type="checkbox"/> ALL OTHERS </div> <div style="width: 45%;"> ENTER SOCIAL SECURITY NUMBER: _____ <small>(SSN required by authority of California Revenue and Tax Code Section 18646)</small> </div> </div> </div> </div> <div style="width: 30%;"> NOTE: Payment will not be processed without an accompanying taxpayer I.D. number. </div> </div> </div>
4	PAYEE RESIDENCY STATUS <input type="checkbox"/> California resident - Qualified to do business in California or maintains a permanent place of business in California. <input type="checkbox"/> California nonresident (see reverse side) - Payments to nonresidents for services may be subject to State income tax withholding. <div style="margin-left: 20px;"> <input type="checkbox"/> No services performed in California. <input type="checkbox"/> Copy of Franchise Tax Board waiver of State withholding attached. </div>
5	<p style="text-align: center;">I hereby certify under penalty of perjury that the information provided on this document is true and correct. Should my residency status change, I will promptly notify the State agency below.</p> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) _____ </div> <div style="width: 35%;"> TITLE _____ </div> </div> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SIGNATURE _____ </div> <div style="width: 10%;"> DATE _____ </div> <div style="width: 45%;"> TELEPHONE _____ </div> </div>
6	Please return completed form to: _____ <div style="margin-left: 20px;"> Department/Office: _____ Unit/Section: _____ Mailing Address: _____ City/State/Zip: _____ Telephone: (____) _____ Fax: (____) _____ E-mail Address: _____ </div> <div style="text-align: right; margin-top: 10px;"> Date signed by authorized payee representative. _____ </div>

REQUIRED FORM: Privately Owned Vehicle Form

STATE OF CALIFORNIA		Print	Clear
AUTHORIZATION TO USE PRIVATELY OWNED VEHICLES ON STATE BUSINESS <small>STD. 251 (REV. 3-95)</small>		<i>This approval must be renewed annually.</i> <i>Supervisor: Retain Original Copy</i>	
I. CERTIFICATION			
<p>In accordance with State Policy (<i>S.A.M. 0753 & 0754</i>) approval is requested to use privately owned vehicles to conduct official State business.</p> <p><i>I hereby certify that, whenever I drive a privately owned vehicle on State business, I will have a valid driver's license and proof of liability insurance in my possession, all persons in the vehicle will wear safety belts and the vehicle shall always be:</i></p> <ol style="list-style-type: none">1. Covered by liability insurance for the minimum amount prescribed by State Law (\$15,000 for personal injury to, or death of one person; \$30,000 for injury to, or death of, two or more persons in one accident; \$5,000 property damage). Vehicle Code Section 16020 (effective July 1, 1985) requires all motorists to carry evidence of current automobile liability insurance in their vehicle.2. Adequate for the work to be performed.3. Equipped with safety belts in operating condition.4. To the best of my knowledge, in safe mechanical condition as required by law. <p><i>I understand that the mileage rate I claim is full reimbursement for the cost of operating the vehicle, including fuel, maintenance, repairs and both liability and comprehensive insurance.</i></p> <p><i>I further certify that, while using a privately owned vehicle on official State business, all accidents will be reported on form STD. 270 within 48 hours (S.A.M. 2441).</i></p> <p><i>I understand that permission to drive a privately owned vehicle on State business is a privilege which may be suspended or revoked at any time.</i></p>			
DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE	
EMPLOYEE'S SIGNATURE	PRINT NAME	DATE SIGNED	
II. APPROVAL			
<i>Use of a privately owned vehicle on State business is approved.</i>			
APPROVING AUTHORITY SIGNATURE	TITLE	DATE APPROVED	
III. RENEWAL			
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	
<i>I have reviewed the above certification and approval and certify that the information provided is correct and valid.</i>			
EMPLOYEE'S SIGNATURE	APPROVING AUTHORITY SIGNATURE	DATE APPROVED	

BAC TRAVEL POLICY: State Reimbursement Rates

- Per Diem Allowances per State Administrative Manual:
www.sam.dgs.ca.gov
- BAC Travel Expense Reimbursement Guide
- Travel Expense Claim Form (STD 262)



Business Advisory Council Travel Expense Reimbursement Guide

